

<b>Case Number:</b>	CM14-0058846		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male with a date of injury of 10/15/2009. The listed diagnoses per [REDACTED] are: 1. Lumbar back pain with radiculopathy. 2. Urinary dysfunction. 3. Erectile dysfunction. 4. Hypogonadism. 5. Type I diabetes. 6. History of balanoposthitis. 7. Hypercholesterolemia. 8. Psychological depression. According to progress report 03/28/2014, the patient presents with back pain radiating from the low back down bilateral legs. Patient states his pain without medication is 10/10, and with medication as low as 3-4/10. Patient's medication regimen includes Colace 100 mg, Zanaflex 4 mg, hydromorphone 2 mg, trazodone 50 mg, gabapentin 800 mg, Flomax 0.4 mg, Viagra 100 mg, lovastatin 40 mg, metformin 1000 mg, lorazepam 1 mg, and clobetasol 0.05% ointment. Urine toxicology screen indicates normal expected results. Examination of the low back revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted. On palpation of paravertebral muscles, spasm, tenderness, and tight muscle band are noted on both sides. FABERE test is positive. The treater is requesting patient continue with medication prescribed by [REDACTED], which include Flomax 0.8 mg and Viagra 100 mg. Treater is also requesting a refill of hydromorphone 20 mg #60. Utilization review denied the request on 04/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**FLOMAX 0.4 MG CAP SIG: TAKE 2 AT BEDTIME QTY: 60.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMED/11950378](http://www.ncbi.nlm.nih.gov/pubmed/11950378), TAMSULOSIN

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/flomax.gtml](http://www.drugs.com/flomax.gtml)

**Decision rationale:** This patient presents with back pain radiating from the low back down bilateral legs. The treater is suggesting patient continue with Flomax 0.4 mg to be taken 2 at bedtime #60 as prescribed by [REDACTED]. The ACOEM, MTUS, and ODG guidelines do not discuss Flomax. [www.drugs.com/Flomax](http://www.drugs.com/Flomax) states, "Flomax (tamsulosin) belongs to a group of drugs called alpha-adrenergic blockers. Flomax relaxes the muscles in the prostate and bladder neck, making it easier to urinate. Flomax is used to improve urination in men with benign prostatic hyperplasia (enlarged prostate)." In this case, the patient has a diagnosis of urinary dysfunction. Recommendation is for approval.

**HYDROMORPHONE 2 MG TABLET SIG: TAKE 1 THREE TIMES A DAY AS NEEDED QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Long-term Opioid use, Page(s): 78 88-89.

**Decision rationale:** This patient presents with back pain radiating from the low back down bilateral legs. The treater is requesting a refill of hydromorphone 2 mg tablets to be taken 3 times a day as needed #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 11/08/2013. The treater in his progress reports indicates a significant decrease in pain with taking current medications. The treater notes patient is independent with ADLs and home chores, and there are no significant side effects or aberrant behaviors with the current medication regimen. However, review of the medical file indicates that urine tox results from 02/21/2014 were "negative for medication." It appears the patient is not taking the medications prescribed. In fact, there is another urine drug screen from 11/07/2013 that again indicates current medications prescribed are gabapentin, lorazepam, and hydrocodone, but urine drug screen was negative for these medications. In this case, the treater reports that he is tapering medications but continually prescribes the same medications and dosage. Furthermore, there have been 2 confirmed urine drug screens that indicate that the patient is not taking his medications as prescribed. Given such findings, recommendation is for denial.

**COLACE 100MG CAPSULE SIG: TAKE 1 TWICE DAQIL AS NEEDED QTY: 60.00:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PROPHYLACTIC TREATMENT FOR CONSTIPATION Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
prophylactic treatment of constipation and opiates CRITERIA FOR USE OF OPIOIDS Page(s):  
77 7.

**Decision rationale:** This patient presents with back pain radiating from the low back down  
bilateral legs. The treater is requesting Colace 100 mg to be taken twice daily as needed #60.  
The MTUS guidelines pg 76-78 discusses prophylactic medication for constipation when opiates  
are used. It appears the patient is not consistently taking his medication as prescribed.  
Furthermore, there is no discussion of constipation. The requested colace is not medically  
necessary and recommendation is for denial.